

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME

ADDRESS

FACILITY  
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

		XXXS	
PERMIT NUMBER		DISCHARGE NUMBER	

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

NON-AQUEOUS (SYNTHETIC) BASED  
DRILING FLUIDS  
[LEASE AREA / BLOCK #]  
☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
STOCK BASE FLUID PAH 51114 1 0 0	SAMPLE MEASUREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *		(1U)		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *	0.00001 MAXIMUM	RATIO	01/YR	GRAB
STOCK BASE FLUID SEDIMENT TOXICITY 51115 1 0 0	SAMPLE MEASUREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *		(1U)		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *	1.0 MAXIMUM	RATIO	01/YR	GRAB
STOCK BASE FLUID BIODEGREDDATION RATE 51116 1 0 0	SAMPLE MEASUREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *		(1U)		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *	1.0 MAXIMUM	RATIO	01/YR	GRAB
DISC. DRILL CUTTING SEDIMENT TOXICITY 51117 P 0 0	SAMPLE MEASUREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *		(1U)		
SEE COMMENTS BELOW	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *	1.0 MON. MAX	RATIO	01/30	GRAB
DISC. DRILL CUTTING SEDIMENT TOXICITY 51117 R 0 0	SAMPLE MEASUREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *		(1U)		
SEE COMMENTS BELOW	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *	1.0 MAXIMUM	RATIO	ED/WL	GRAB
DISC. DRILL CUTTING FORMATION OIL 51118 S 0 0	SAMPLE MEASUREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *		(9A)		
SEE COMMENTS BELOW	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *	REPORT	0=PASS 1=FAIL	01/BA	GRAB
DISC. DRILL CUTTINGS FORMATION OIL 51118 T 0 0	SAMPLE MEASUREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *		(9A)		
SEE COMMENTS BELOW	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *	REPORT	0=PASS 1=FAIL	01/07	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319.					TELEPHONE		DATE	
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
DISC. DRILL CUTTINGS/SED. TOX.: P=C16C18 IO 4-DAY LC50; R= C16C18 IO, C12C14 or C8 ESTER 4-DAY LC50;  
DISC. DRILL CUTTINGS/FORM. OIL: S=GC/MS, OIL PRESENCE; T=RPE, OIL PRESENCE.  
DISC. DRILL CUTTINGS/BASE FLUIDS: U=C16C18 IO; V=C12C14 OR C8 ESTER; W=BMP IMPLEMENTED.  
FORM. OIL: 0=PASS 1=FAIL. BASE FLUIDS RETAINED/SURVEYS: 0=YES 1=NO.

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FACILITY  
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

PERMIT NUMBER		XXXX DISCHARGE NUMBER	
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MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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NON-AQUEOUS (SYNTHETIC) BASED  
DRILLING FLUIDS  
[LEASE AREA / BLOCK #]  
☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (54-61)	AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)			
DISC. DRILL CUTTINGS BASE FLUIDS RETAINED 51120 U 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	* * * * *	* * * * *	* * *	* * * * *		* * * * *	(23)			
	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	* * * * *	6.9 WELL AVG	* * * * *	PER- CENT		ED/WL	GRAB
DISC. DRILL CUTTINGS BASE FLUIDS RETAINED 51120 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	* * * * *	* * * * *	* * *	* * * * *		* * * * *	(23)			
	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	* * * * *	9.4 WELL AVG	* * * * *	PER- CENT		ED/WL	GRAB
DISC. DRILL CUTTINGS BASE FLUIDS RETAINED 51120 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	* * * * *		(9P)	* * * * *	* * * * *	* * * * *	* * *			
	PERMIT REQUIREMENT	* * * * *	REPORT	0=YES 1=NO	* * * * *	* * * * *	* * * * *	* * *		01/WL	
SEABED SURVEY INDUSTRY-WIDE 51121 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *		(9P)			
	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *	REPORT	0=YES 1=NO		01/WL	
SEABED SURVEY 1ST SURVEY W/I 2 WKS 51122 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *		(9P)			
	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *	REPORT	0=YES 1=NO		01/WL	
SEABED SURVEY 2ND SURVEY W/I 1 YR 51123 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *		(9P)			
	PERMIT REQUIREMENT	* * * * *	* * * * *	* * *	* * * * *	* * * * *	REPORT	0=YES 1=NO		01/WL	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319.					TELEPHONE		DATE			
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